

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| |
|------------------|
| ACCOUNT BILLED |
| ROCANVILLE STONE |

| |
|--------------|
| PROJECT NAME |
| BLACK ROCK |

| |
|------------|
| PROJECT ID |
| M270088 ✓ |

| | | |
|------------|------------|------------|
| DUE DATE | ANNUAL FEE | AMOUNT DUE |
| 07/29/2005 | \$ 500 | \$ 500 |

| |
|-----------------------------|
| TAX ID OR SOCIAL SECURITY # |
| |

| |
|--|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

| | |
|---------------------------|-------------|
| Change of Address | |
| Contact | RECEIVED |
| Address | AUG 01 2005 |
| DIV. OF OIL, GAS & MINING | |
| E-Mail Address | _____ |
| State | Zip |
| Phone | _____ |

Please make check payable to:
Division of Oil, Gas and Mining